

#### KENTUCKY TRANSPORTATION CABINET **Department of Governmental Relations**

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### OFFICE OF SPECIAL PROGRAMS PROGRESS REPORT

This report is to be completed and mailed to the **Kentucky Transportation Cabinet**, **Office of Special Programs: Progress Report**, **200 Mero Street**, **6th Floor East**, **Frankfort**, **Kentucky 40622**.

	ase check the appropriate program box  CMAQ
Pro	ject County:
Dat	
Tele	ephone: E-mail address:
yea	ease check below any phases you completed, or made progress on, during the previous calendar ar, and complete the information below the item where applicable. (You must specify any item that not applicable.)
	Design Consultant Procurement Phase
	RFP % complete
	Advertisement beginning and ending dates: to
	Number of proposals received:
	Completed selection in accordance with: KYTC Procurement Process KRS 45 or 45A other
	Contract with firm executed
	Name of firm:
	Percentage of Disadvantaged Business Enterprise (DBE) participation: %
	Name of DBE firm(s):
	Design Plan Development
	Notice to proceed (start) date:
	Plans % complete
	Is a state highway encroachment permit application required?
	If yes, has application been filed?   Yes   No
	If yes, has permit been issued?
	Anticipated completion date:
	Do plans meet ADA requirements?
	If the consultant will not be doing construction inspection, has final payment been made to the consultant for design services, etc.?  Yes No



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Ш	Construction Procurement Process			
	Bid package % complete			
	Advertisement beginning and ending dates:	to		
	Number of bids received:			
	Completed selection in accordance with: KYTC Procurement Process KRS 45 or 45A  other  other			
	Contract awarded			
	Name of contractor:			
	Percentage of Disadvantaged Business Enterprise (DBE) participation	n: %		
	Name of DBE firm(s):			
	Construction			
	Notice to proceed (start) date:			
	Construction % complete			
	Is a state highway encroachment permit application required?	☐ Yes	□ No	
	If yes, has application been filed? $\square$ Yes $\square$ No			
	If yes, has permit been issued?			
	Anticipated completion date:			
	Has final payment been made?			
	Has final payment been made to the consultant for inspection work?	☐ Yes	□ No	
	If applicable, has encroachment permit been released?	☐ Yes	□ No	
	Does project meet ADA requirements?	☐ Yes	□ No	
	Property Acquisition			
	Please list below any property acquired that relates to the project incl the appraised value of the property.	uding the da	ate of the acquisition a	nd



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reporting period.

**Project Delays** Are there any project delays or changes anticipated? If so, please explain and include a proposed resolution for the delays and/or changes. Timeline for Completion Please provide and estimated timeline for project completion. Additional Project Activity Please list all project activity not included in the prior sections that has occurred during this progress



Description of Item/Activity/Phase	TE Funding Requested	Match Funding	TOTAL	Completion Date
		_		
				-
_				
	-			
_				
TOTALS				



#### Please provide a description of all match funds used below:

Match Description		Amount
	TOTAL	